Miscellany

BETRÄGE Z. CASUISTIK D. MYOCLONIE BEI EPILEPTISCHEN. G. Weiss (Kiel Dissertation, 1905).

In this little pamphlet we find described no less than eight hitherto unrecorded cases. That so large a number of cases of a rare disease is reported by a beginner in medical practice is accounted for by the fact that the eight cases were evidently from the material of the epileptic colony at Bethel, near Bielefeld. As we know of no other cases reported from the material of this colony, the latter may perhaps be assumed to represent the total morbidity of this associated disease in this well-known institution.

The cases in brief are as follows:

1. Male, 16, no bad inheritance, nursed normally, no teething convulsions. In his third year had encephalitis, and as a result suffered greatly up to fourteenth year with headache (often severe enough to provoke hallucinations), and enuresis. When nine years old developed epilepsy, the first attack due to fright. Seizures reappeared about once in two weeks. About two and a half years later the myoclonus appeared as a complication of epilepsy. The myoclonic contractions were of progressive and great severity, and the epileptic seizures seemed correspondingly emphasized.

When examined patient seemed healthy in body and mind, aside from the chorea-like twitchings affecting the voluntary muscles. During the observation period two epileptic attacks were noted, at night. The frequency of the epileptic attacks at this special period of observation was six to eight monthly.

This case antagonizes Unverricht's teaching that in myoclonic epilepsy the convulsions are not synergistic, while in chorea this result is the case. In this instance the convulsions were not only symmetrical, but the lightning-like rapidity ascribed to choreic cases was present here.

2. Girl, 10. Diagnosis: Epilepsy due to intra-uterine trauma. Epileptic attacks began when child was three or four months old. Father neurotic and tuberculous; otherwise no hereditary data.

When first seen the patient exhibited no marked stigmata, but had continuous myoclonic convulsions. She seemed to be below the normal in intelligence.

There was a history of certain crises which were more than myoclonic, which resembled epilepsy and which seemed to be followed closely by myoclonic attacks of such severity that patient must lie abed. Under the observation period patient had one or two attacks per month of epilepsy, which increased the violence of the myoclonus.

3. Girl seen in 1899, then three years old. Diagnosis of epilepsy and idiocy. But little history. Mother said to have died of puerperal fever, and a brother died of convulsions.

Examination showed an idiotic child with extremities, head and face in constant movement. Under observation patient was seen to have myoclonic movements which led up to general convulsions and unconsciousness. An attack of pneumonia temporarily checked both conditions, which reappeared with renewed severity during convalescence.

4. Male, 10. Heredity normal, gestation normal. On second day of life seemed to develop a case of trismus, which did not kill child, and which became chronic. At age of nine months typical epilepsy set in, although something like myoclonus or chorea had been in evidence soon after birth. A sister had died under same circumstances. Close inspection of patient showed evidences of mental weakness, while contractures of many voluntary muscles seemed to represent the result of myoclonus. Attempts to oppose these contractures led to clonic spasms, both flexors and extensors. The progress of the case showed abundant myoclonic at-

tacks, especially of the "intention" order, following attempts to speak, etc. Psychical excitement produced the same result. During the observation period no epileptic attacks are mentioned, but the myoclonus showed a periodicity and an intensity which suggested the latter. At an earlier period in the history pronounced epileptic attacks seem to have occurred.

5. Boy aged six. The author finally placed this case under the caption of chorea electrica, mentioning it only because of the doubt as to diagnosis. The boy probably suffered from encephalitis at an early age, and as a result was backward mentally. After his brain fever he had numerous convulsions of presumably encephalic origin. These crises only partially resembled epileptic seizures; they were as a rule preceded by general twitchings. The latter were in nowise due to external influences. The author, despite Unverricht's criteria, is disposed to regard this case as one of myoclonic epilepsy.

This patient died of intercurrent pneumonia, and no autopsy was permitted.

6. Girl aged 16. No hereditary taint. At three years had encephalitis and rachitis. Then epilepsy developed at intervals of fourteen days, four weeks.

When seen at age of 14, child was found normal in most respects. Had begun to menstruate. After this period various attacks had been noted, in part typically epileptic and for the rest myoclonic. With further progress the myoclonus appeared to precipitate the epileptic attacks. This patient was left with this *status quo.*

7. Male. At age of one and a half years began to stammer as result of convulsion. At the age of 14 the spasms still persist, in part as typical epileptic seizures and for the rest severe myoclonic convulsions. This patient's condition was so interesting that considerable space is devoted to the different types of convulsions. The speech disturbances correspond with those described by Unverricht.

8. Male, first came under observation at age of 26. Not much early anamnesis obtainable. Head shows many scars. From age of 17 had had both kinds of convulsions; viz.: myoclonic and epileptic.

When examined denied being an epileptic, although gave credible accounts of myoclonic seizures. While under observation had typical epileptic seizures.

In analyzing these eight cases author states that all had true epilepsy. As for precedence, epilepsy was surely primary in case first and secondary in case fourth, also in case sixth. Others not considered. The author appears to contradict himself, assuming at the outset that all the eight patients had myoclonus, but he seems to have been undecided about Case 5, which he once speaks of as electric chorea. He does not return to this case in summing up, and further states that chorea is so rare in epilepsy that not one case was recorded in 2,000 of epilepsy.

Under the head of pathologic anatomy he first gives the results of the work of Clark and Prout. He mentions Apáthy and Kronthal on the histology of brain-cells, etc., and appears to think them not compatible with findings of Clark and Prout, although he is obscure on this point.

Muni is also quoted on this point. In three autopsies he could find no alterations in Rolandic regions. Unverricht and Bresler also deny that any anatomical basis exists for epilepsy. A thesis in 1903 by Foerster, inspired by Bresler, makes a point that the muscular movements do not correspond with definite muscular co-ordinating centres in the cortex. The present author quotes about two pages more from Foerster's thesis. He closes by stating from Unverricht that a spinal origin would explain myoclonic movements much more than a cerebral one. Author states that his eight cases reveal absolutely nothing as to the cause of the disease.

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